

# Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Repo	ort Filed B rk X)	Candidat	te 🔣	Committee	(株) (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	Lobbyist
Name of Filing Committee, Candidate or Lobbyist		cCaslin					
Street Address	4737 N	N Wayside	Dr		<del>_</del>	<del>_</del>	
City Erie			State	Pa	Zip Code	16505	
Type of Report (Place x under report type)				٠			
1- 6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3- 30 Day Post Pre-Primary Pre-Primary Primary	c.[166] - 668	Tuesday lection	5- 2 <sup>nd</sup> Friday Pre- Election	6-30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Frid Pre-Election	ay Special 30 Day Post-Election
	<u> </u>	<u> </u>					
Date Of Election (MM/DD/YYYY) 05/06/2017	Year		2017	Amendment Report		Termination Report	
Summary of Receipts and From Date	120	To Date	8	1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	For	Office Use Only	
Expenditures 06/06/2017	<u> </u>	12	2/31/2017				
A. Amount Brought Forward From Last Repor			0		and the second s	<u> </u>	
B. Total Monetary Contributions and Receipts (From Schedule I)	<b>s</b> \$		0				
C. Total Funds Available (Sum of Lines A and B)	\$		0			• •	1 77
D: Total Expenditures (From Schedule III)	\$	-	2,177.93			:	104
E. Ending Cash Balance	\$		0			:	
(Subtract Line D from Line C)  F. Value of In-Kind Contributions Received (From Schedule II)	\$	<del> </del>	0		<u>cc</u>	NOTAF	H OF PENNSYLVANIA RIAL SEAL
G. Unpaid Debts and Obligations (From Schedule IV)	\$		0			Millcreek Tw	le, Notary Public vp., Erie County expires March 9, 2021
The state of the s			Affidavit Sec		WEN	BER PENNSYLVANIA	AASSOCIATION OF NOTARIES
Part 1- If this is a <b>Committee</b> report, treasurer sign has I swear (or affirm) that this report, including the atta	nere. If t	nis is a <b>Ca</b> hedules or	naidate report, ca n paper, is to the	maidate sign here. best of my knowled	lge and belief tr	rue, correct and cor	mplete.
Sworn to and subscribed before me this	-	• •		Janus	-8-	in the	
day of Floringo 10	_	-	4		of Person Subm	SLIN	
Signature 12 00 00	_ 		_	arch	Printed Nam		n9
My Commission expires $\frac{U3-U9-2U}{MO.DAY}$	<u>الح</u>			Area Code	- Lav	#34960 ytime Telephone Nu	<del></del>
Part II- If this is a report of a Candidate's Authorized I swear (or affirm) that to the best of my knowledge amended.	and be	ittee, cand lief this po	didate shall sign hi litical committee l	ere. has not violated an	y provisions of	the Act of June 3, 1	937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this							
day of20	_	. 1	_		sahura -f.a. "	data	
	_			Sign	nature of Candi		
Signature		٦,			Printed Name		
My Commission expires MO. DAY YR.	_		A	Area Code	Dayt	time Telephone Nur	mber

## SCHEDULE I

# **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	og population Guidente	
Total for the reporting period	(1)	\$ agenter (14.1 )。26.145 (2013.4726)。 - · · · · · · · · · · · · · · · · · ·
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$ 
All Other Contributions (Part B)		\$
Total for the reporting period	(2)	\$ 
3. Contributions Over \$250.00 (From Part C and Part D)	12.100 10.0000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.0000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.0000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.0000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.0000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.0000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.0000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.0000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.0000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.0000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.0000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.0000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.0000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.0000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.0000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.0000 10.000	( ) ( ) ( ) ( )
Contributions Received from Political Committees (Part C)	a ner gynet Redick	\$ のでは、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1
All Other Contributions (Part D)		\$
Total for the reporting period	(3)	\$ 
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part	<b>E)</b>	
Total for the reporting period	(4)	\$
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, 1 Cover Page, Item B)		\$

#### PART A

### **Contributions Received From Political Committees**

\$50.01 TO \$250.00
Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

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		1:		
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#### PART B

## **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:

Full Name of Contributor  House # Street Address						
House # Street Address   Date [MM/DD/YYY]   S    Full Name of Contributor   State   Zip Code   Date [MM/DD/YYY]   S    House # Street Address   Date [MM/DD/YYY]   S    Full Name of Contributor   Date [MM/DD/YYY]   S	and an analysis of the second	· · · · · · · · · · · · · · · · · · ·				
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City						
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#### PART C

# **Contributions Received From Political Committees**

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Full Name of Contributing Committee  House II   Syreet Address   Dete   MM/DD/YYYY    S    Ety   State   Zip Code   Dete   MM/DD/YYYY    S    Full Name of Contributing Committee    Full Name of Street Address   Dete   MM/DD/YYYY    S    Full Name of Contributing Committee    Full Name of Street Address    Full Name of Street Ad					
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Contributing Committee  House # Street Address  City State Zip Code Date [MM/DD/YYYY] S  Full Name of Contributing Committee  House # Street Address  Date [MM/DD/YYYY] S  City State Zip Code Date [MM/DD/YYYY] S  Contributing Committee  City State Zip Code Date [MM/DD/YYYY] S	Full Name of			1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0	<del></del>
House # Street Address   Date [MM/DD/YYYY]   \$    City   State   Zip Code   Date [MM/DD/YYYY]   \$    Full Name of   Date [MM/DD/YYYY]   \$    Contributing Committee   Date [MM/DD/YYYY]   \$    City   Street Address   Date [MM/DD/YYYY]   \$    City   State   Zip Code   Date [MM/DD/YYYY]   \$				· 特里·西西西班牙斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯	
City State Zip Code Date [MIM/DD/YYYY] S  Full/Name of Date [MM/DD/YYYY] S  Contributing Committee Date [MM/DD/YYYY] S  City State Zip Code Date [MM/DD/YYYY] S  City State Zip Code Date [MM/DD/YYYY] S				Date MANADO //////	
Full Name of Contributing Committee:  House # Street Address  City State Zip Code Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$	House # Street A	aaress		Pare (MINIMADA) (1919)	
Full Name of Contributing Committee:  House # Street Address  City State Zip Code Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$		William Promi	T. WANTED V. Jacob V. WANT		
Full Name of Contributing Committee:  House #: Street Address Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$	City :	State	Zip Code	Date [MIM/DD/YYYYY] \$	
Contributing Committee					
House # Street Address Date [MM/DD/YYYY] 5  City State Zip Code Date [MM/DD/YYYY] 5				Date [MM//DD/YYYYY] S	
City State Zip Code Date [MM/DD/YYYY] \$	Continuum Continue				
City State Zip Code Date [MM/DD/YYYY] 5	(素質量が対抗) 「現代のこれでも)	83838 (CER)		Date [MM/DD/YYYY] \$	
City State Zip Code Date [MM/DD/YYYY] 5					
			Zip Code	Date [MM/DD/YYYY] \$	

#### PART D

## **All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

Eiler Identification Number:

		<u></u>	
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address		•	Date [MM/DD/YYYY] \$
City	State	Zip Codé	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Malling Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			A second contract of the second secon
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City.	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business	00 Ethin (00 Color)		

#### PART E

## **Other Receipts**

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Nu	ITIOEI.			
170   4 大阪     東京   18   18   18   18   18   18   18   1	nilen visused			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] S
Receipt Description	N S S S S S S S S S S S S S S S S S S S		· · · · · · · · · · · · · · · · · · ·	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] 5
Receipt Description	n			
Full Name				
House #	Street Address			
City Established (4) Finalished (4)		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descriptio	n e	(A)	1 - 12 - 1 - 20 - 1 - 1 - 1 - 2 - 4 - 5 - 4 - 5 - 5 - 5 - 5 - 5 - 5 - 5	
Full Name	the second secon			
House #	Street Address		· <u></u>	
City S	1	State	Zip Code	Date [MM/DD/YYYY]   \$
Receipt Descriptio	n A			
Full Name		•		
House #	Street Address			
Gity		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descriptio	n 📳			
Full Name				
House#	Street Address			
City Report		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descriptio	n			

#### SCHEDULE II

# IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

NTRIBUTIONS RECEIVED-VAL	SUE OF \$50.00 OR LESS PE	FREONIRIBUTOR
(1)	\$	
RECEIVED-VALUE OF \$50.01	LTO \$250.00 (FROM PAR	TF)
(2)	\$	
	· · · · · · · · · · · · · · · · · · ·	
RECEIVED-VALUE OVER \$250	0.00 (FROM PART G)	
(3)	\$	
als from boxes 1, 2, and 3; a	1 1	
	(1)  RECEIVED-VALUE OF \$50.03  (2)  RECEIVED-VALUE OVER \$250  (3)  UTIONS DURING THIS REPO	RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PAR  (2) \$   RECEIVED-VALUE OVER \$250.00 (FROM PART G)  (3) \$   UTIONS DURING THIS REPORTING als from boxes 1, 2, and 3; also enter

#### SCHEDULE II PART F

# **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number:

Full Name of Contrib	utor	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	(\$)
				1.5	
2				Date [MM/DD/YYYY]	<u>\$</u>
House #	Street Address			Date [[vilvi/DD/11111]	
					55 x .
City	•	State	Zip Code	Date [MM/DD/YYYY]	<b>**</b> **********************************
Description of Contri	bution				
Full Name of Contrib	itor	'		Date [MM/DD/YYYY]	\$
	NC 1, 3				
				3.20	
House #	Street Address			Date [MM/DD/YYYY]	•
City		State	Zip Code	Date [MM/DD/YYYY]	<b>* * * * * * * * * *</b>
Description of Contri	bution				
Full Name of Contrib	TANK T	1		Date [MM/DD/YYYY]	<b></b>
ruii Naile Oi Cultilu				42.7	
	2.77.60				
House #	Street Address			Date [MM/DD/YYYY]	*\$
City	Institute of the second of the	State	Zip Code	Date [MM/DD/YYYY]	
			AND S		
Description of Contri	bution				
Full Name of Contrib	utor			Date [MM/DD/YYYY]	(\$)
				36-5-182-172-173-173-173-173-173-173-173-173-173-173	
				Date [MM/DD/YYYY]	<u> </u>
House #	Street Address			Date Harry OD/ History	
24 C 2 Shi (2)		**************************************	1200000 See al. 1. 101em		
City		State	Zip Gode	Date [MM/DD/YYYY]	<b>:\$</b>
Description of Contril					<u></u>
Full Name of Contrib				Date [MM/DD/YYYY]	*\$
House #	Street Address			Date [MM/DD/YYYY]	*\$
	374 St. 2005			16(2)(4(5))(4)(4)(5)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)	
		[ Cento	Zip Code	Date [MM/DD/YYYY]	\$     \$
City		State	Zip Code	Parc lianation level	•
Description of Contri	(1) 10 (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4				
Description of Contri		and the same of th			

# SCHEDULE II Part G

## **In-Kind Contributions Received**

VALUE OVER \$250

Filer@dentification; Number:	
19-00 EXX-5-20-0-3-4-20-0-4-3-4-3-4-4-4-4-4-4-4-4-4-4-4-4-4-4-	
19.1.(1.)(2.)(2.)(2.)(2.)(2.)(2.)(2.)(2.)(2.)(2	

Full Name of Contribut	or		Date [MM/DD/YYYY]
House #	Street Address	A - A - OF	Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Addr Place of Business	ess / Principal		Description of Contribution
Full Name of Contribut	or.		Date [MM/DD/YYYY] \$
	itreet Address		Date [MM/DD/YYYY] 5
City	State	Zíp Code	Date [MM/DD/YYYY]
Employer Name		The Control of Control Annual Control of Con	Occupation :
Employer Mailing Addr Place of Business	ess / Principal	Description of Contribution	
Full Name of Contribut	of		Date [MM/DD/YYYY] \$
House #	treet Address		Date [MM/DD/YYYY]
City	State	Zip Code	Date [MM/DD/YYYY]
Employer Name			Occupation
Employer Mailing Addr Place of Business	ess / Principal	Description ôf Contribution	
Full Name of Contribut	or		Date [MM/DD/YYYY] \$
House #	treet Address		Date [MM/DD/YYYY] \$
City	State.	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Addi Place of Business	ess / Principal		Description of Contribution

# Statement of Expenditures

		 		 ,		
F	Filer Identification Number:					
13	。\$P\$		 		_	

To Whom Paid				Date [MM/DD/YYYY] \$ 2,177.93
	Proforma			07/28/201/
House #	Street Address	PO Box 640814		Description of Expenditure
<b>City</b> Cincinnati		State OH	<b>Zip</b> <b>Code</b> 45264	Printing & Mailing
To Whom Paid		<b>J</b>		Date [MM/DD/YYYY] \$
6 (1) 2 (4)				
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid	· · · -			Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	( ) ( ) ( )	State	Zip Code	
To Whom Paid	······································		Code	Date [MM/DD/YYYY] \$
ro wnom raio				
House#	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid		Datostock V steel - L	(Salara Maria	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	Lond down program of page 201	State	Zip Code	
To Whom Paid		<u>-</u>		Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	and a house of the second of t	State	Zip 1 Code	
To Whom Paid				Date [MM/DD/YYYYY] \$
House #	Street Address		-	Description of Expenditure
City	- Company of the State of the	State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address	7 <u>.</u>	A	Description of Expenditure
City		State	Zip Code	

#### SCHEDULE IV

# **Statement of Unpaid Debts**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

77.77			
Name of Creditor	<u> </u>		Outstanding Balance of Debt
级的 1.5% 量 数 度 1.6% 产 2.5%	reet Address	DATE DEBT INCURRED	\$
		[MM/DD/YYYY]	
City	A CONTRACTOR OF THE CONTRACTOR	State Zip Code	
Description of Debt		The state of the s	
Name of Creditor			Outstanding Balance of Debt
House # St	reet Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip Code	
Description of Debt			
Name of Creditor		<del></del>	-Quistanding Balance of Debt
House # St	reet Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
		70 p 1100, 1100 (20 qu., 1)	
City		State Zip Code	
Description of Debt			The second secon
Name of Creditor	2	DATE DEBT INCURRED	Outstanding Balance of Debt
House #	reet Address	[MM/DD/YYYY]	
City		The sea designed	
THE RESERVE TO SERVE AND A SERVE STATE OF		State Zip	
Description of Debt		State Zip Code	
Description of Debt		State ZIP Code	1935-1
Description of Debt  Name of Creditor.		Code	Outstanding Balance of Debt
Description of Debt  Name of Creditor.  House #   St	reet Address	Code	1935-1
Description of Debt  Name of Creditor.  House #   St	reet Address	DATE DEBT INCURRED [MM/DD/YYYY]  State Zip	Outstanding Balance of Debt
Description of Debt  Name of Creditor.  House # St	reet Address	DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt
Description of Debt  Name of Creditor  House # Si  City  Description of Debt	reet Address	DATE DEBT INCURRED [MM/DD/YYYY]  State Zip	Outstanding Balance of Debt
Description of Debt  Name of Creditor.  House # Si  City  Description of Debt  Name of Creditor	reet Address	DATE DEBT INCURRED [MM/DD/YYYY]  State Zip Code	Outstanding Balance of Debt
Description of Debt  Name of Creditor.  House # Si  City  Description of Debt  Name of Creditor		DATE DEBT INCURRED [MM/DD/YYYY]  State Zip Code	Outstanding Balance of Debt  S  Outstanding Balance of Debt
Description of Debt  Name of Creditor.  House # Si  City  Description of Debt  Name of Creditor		DATE DEBT INCURRED [MM/DD/YYYY]  State Zip Code	Outstanding Balance of Debt  Outstanding Balance of Debt  Outstanding Balance of Debt